MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/593383 APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL DEP.	49	4		(←
TOTAL CLAIMS	50	1		100		+

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TOTAL DEP.	36	←		4		4
TOTAL CLAIMS	34			e ¹¹ 5		14
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PTO - 1360 (REV. 11/04)

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